DEPARTMENT OF PUBLIC HEALTH AND WEL 318 STATE FILE NUMBER																
DO NOT WRITE		AMEI	NDED	Ŀ	Re	istration District No		nary Replication	Distr	ichVVV	Registrar's No.	<b>6000</b>			102 100	
ON THIS STUB				-1	1.	PLACE OF DEATH	1963			<u> </u>	2. USUAL RESIDEN	CE (Where decea	sed live	d. If insti	tution:	Residence before
VS 300	6	1				a. COUNTY				li	a. STATE Miss	ouri b. cou	JNTY			admission)
Rev. 4/59	ENDED	<u> </u>		1		b. CITY (If outside cor	porate limits, give TOWN	SHIP only)	Len	oth of stay in 1b	c. CITY			•		Inside Limits
,	AME					TOWN ST. I	LOUIS, MISSOU	RI			· TOWN St.	Louis				Yes 🗌 No 🗌
_ <del>'</del>	1		- [		•		NOT in hospital, give loca	tion)		Inside Limits	d. STREET	(If c		ive location	1)	Reside on Farm
$^{2}$ 2/	19 3	[			_	INSTITUTION BA	RNES HOSPI	TAL		Yes   No	46	06 Cotta	ge			Yes No 🗆
3					3.	NAME OF DECEASED (Type or print)	First		Middl	•	Last	4. DATE OF	Mon	ith	Day	Year
4 3							ROSIE			HARV		DEATH 1	MARCI		_	1963
4 3					5.	sex <b>Fem</b>	6. COLOR OR RACE	7. Married ( Widowed)		Never Married   Divorced	8. DATE OF BIRTH	9. AGE (lest b	irthday)	Months	1 YEAR Days	IF UNDER 24 HR Hours Min.
3 2		11			102		(Give kind of work done	10b. KIND OF	BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (C	ity and state or o	country)	12. CITIZ	EN OF	WHAT COUNTRY
6	§ l					during most of working	g life, even if retired)	Pensio	n		Missis	sippi		บ.	S. A	A
7 /	S S S S			1	13a	FATHER'S NAME		13b. M	OTHE	R'S MAIDEN NAME		14 NA	ME OF F	USBAND C	R WIFE	
8 2	요					leatdun Stit			rth		17. INFORMANT			ead		
	AS	1 1				s, no, or_unknown)  (if	IN U.S. ARMED FORCES? yes, give war or dates of		ULIA					_		
9	ARE	11			_	NO IR. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	tine		μ.	Mrs Ella Cl	lark 45	50 S	t. Lou		TERVAL BETWEEN
10	Δ.			Z		PART I.		ACITUM	י דכו	ULMONARY E	etisema				[_O!	NSET AND DEATH
11	8			CUMI			IMMEDIATE CAUSE (e	) MUULE		OLINOITHIE I	JDESTAL.				╅╴	
		}		ğ		Condition	ns, if. any, j DUE TO (i	ARTER	ios(	CLEROTIC I	EART DISEA	SE			Ye	ars
1252-0	က ပြ					which ga	ave rise to	, <u></u>				-				
13	ᇎ	╌┼		1		stating t	he under- ouse last. DUE TO (	c)				00				
	Z	1 1	1	1	중	PART II.	OTHER SIGNIFICANT C	ONDITIONS CO	NTRI	BUTING TO DEATH	but not related to	the terminal	PART		eased	was female was ncy in last 90 days.
52	2		<b>'</b>		CATION	•	dizeate coudition diven	10 LVK1 (10)		•		•		☐ Yes	28	
	Ž.				CERTIFIC	19. WAS AUTOPSY	20a. ACCIDENT SUICID	E HOMICIDE	+	юь. DESCRIBE НОУ	V INJURY OCCURRED.	(Enter nature of	injury in	PART I or	PART II	of item 18.)
•	AMENDMEN					PERFORMED?				<u> </u>						
Ž	¥.	1			WEDICAL	20c. TIME OF Hour	Month, Day, Year	<u> </u>				•				•
INK IBBO					WED	p.m.	]	ar minby to		or about home, 20	OF, CITY, TOWN, OR	LOCATION		COUNTY		STATE
_ <b>=</b>						20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	farm,	fectory, street, o	ffice	bldg., etc.)					_	
BLACK OR RITER R		<u> </u>				21. I attended the dec	7/25/	46		3/11/	/63and	i her I last saw him ali	ve on	3/11	<u>/63</u>	
4 E	1 18					Death occurred at	0 ==			m on the	date stated above, a	nd to the best of	my knov	wiedge, fro	m the c	auses stated.
USE	100	[		۳,	1	22a. SIGNATURE	_	ree or title)	+		22b. ADDRESS					22c, DATE SIGNED
USE BLACK OR TYPEWRITER		<u> </u>		VITO		Carly	emille.	M.C.		M.D.		es hosp				-
_	-	+	+	-≩I	238	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAM	E OF	CEMETERY OR CREA	WATORY 2	3d. LOCATION (	City, taw	n, or count	y)	(State)
				FFIDA		emoval	3-18-1963	Was	hi	gton Park	RECD, BY LOCAL RE	St Lou	LE CC	ninty,	Mis	souri
				BY A	24.	FUNERAL DIRECTOR	• • •	DRESS		MAND	14~1963~~	Can	An	ulh	. 17	1.0.
	=	-	- 1	8		Herman	J. Smith 42	#1/M TSE	HELD .	T.E.		<u> </u>			_	

A MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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## TATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No	
orking under	my personal supe	ervision.	signed arthur L. Hulliard	
udent	Signature of Stud	dent Embeimer	_ Signed Why & Ollleard	_
• -			Licensed Embalmer No. 192	
			P. O. Address 3100 Congter	a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

£305-00-F

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